

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Campaign</b>   |  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00563759  |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on  |  |  | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y<br/>11 / 13 / 2014</div> </div>  |  |  |
| Full Name of Payee<br><b>Political Issue Advocacy LLC</b>   |  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y<br/>11 / 17 / 2014</div> </div> |  |  |
| Mailing Address 1741 S. Cleveland Ave., Suite 199   |  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">15448.13</div>  |  |  |
| City State Zip Code<br>Sioux Falls SD 57103   |  | Transaction ID : SE.4597<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> |  |  |  |
| Purpose of Expenditure<br>Phone banks   |  | Category/Type<br><div style="border: 1px solid black; width: 50px; height: 20px;"></div>   |  |  |  |
| Name of Federal Candidate<br>Bill Cassidy   |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA                         |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">30896.26</div>  |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff                         |  |
| Full Name of Payee  |  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                    |  |  |
| Mailing Address   |  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>  |  |  |
| City State Zip Code   |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                             |  |  |  |
| Purpose of Expenditure  |  | Category/Type<br><div style="border: 1px solid black; width: 50px; height: 20px;"></div>   |  |  |  |
| Name of Federal Candidate   |  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose  |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                 |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>  |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶  |  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">15448.13</div>  |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶   |  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>  |  |  |
| (c) TOTAL Independent Expenditures..... ▶   |  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |  |  |  |  |
| Signature<br><br>Ann Mattson  |  | [Electronically Filed]   |  | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y<br/>11 / 18 / 2014</div> </div> |  |

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
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Form/Schedule: F24A  
Transaction ID :

Report was originally submitted as a 48 hour report and it should have been a 24 hour report

Form/Schedule:  
Transaction ID: